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PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875								Application or Docket Number 5		
CLAIMS AS FILED (Column 1)				– PART I (Column 2)		SMALL ENTITY		OR		R THAN ENTITY
	FOR	NUMB	NUMBER FILED		ER EXTRA	RATE	FEE		RATE	
	SIC FEE CFR 1.16(a))						s		Rote	FEE
ΤO	TAL CLAIMS						 	OR		\$
	CFR 1.16(c)) EPENDENT CLAI	IMS	minus 20 = "			× s =		OR	X \$=	
(37	CFR 1.16(b))		minus 3 =			X \$=	 	OR	X \$=	
MU	MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d))					+ \$=		OR	+\$=	
* If the difference in column 1 is less than zero, enter *0* in column 2.						TOTAL		OR	TOTAL	
N	mto	LAIMS AS AM	IENDED	– PART II						
	-7-05	(Column 1)	· · · · · · · · · · · · · · · · · · ·			SMALL	ENTITY	OR		R THAN ENTITY
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RAIE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
M	Total (37 CFR 1.16(c))	104	Minus	"64	-	x s 🤅		OR	xs (=	
EN	Independent (37 CFR 1.16(b))	4	Minus	4	= (x \$ =	1	OR	x \$ =	1
Α	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))						/			
	<u> </u>			,,,,,,,	<u> </u>	TOTAL ADD'L'FEE		OR	TOTAL ADD'L FEE	1
		(Column 1)		(Column 2)	(Column 3)					
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total (37 CFR 1.16(c))	•	Minus	••	=	x \$ =		OR	x \$=	
	Independent (37 CFR 1.16(b))	•	Minus		=	x \$ =	:	OR	x \$ =	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.15(d))					+s =		OR	+ 5 =	
				 		TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	
		(Column 1)		(Column 2)	(Column 3)				·	
AMENDMENT C	·	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total (37 CFR 1.16(c))	•	Minus	••	=	x s=		OR	x \$=	
	Independent (37 CFR 1,16(b))	•	Minus	•••	=	x \$ =		OR	x \$=	
AM	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))					+\$ =		OR	+ 5 =	
1							 -	OR	TOTAL ADD'L FEE	
•	* If the *Highest t ' If the *Highest N	olumn 1 is less tha Number Previously Iumber Previously	Paid For	IN THIS SPACE I	is less than 20, e s less than 3, en	enter *20*.			'	

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